

# NUTRITION ADVANTAGE, LLC

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## HEALTH DATA

CURRENT HEALTH PROBLEMS/MEDICAL CONDITIONS THAT YOU ARE BEING TREATED FOR: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS AND SUPPLEMENTS: list what you are taking and for what indication

Medication	Indication	Medication	Indication

EXERCISE:                           NONE                           MINIMAL                           MODERATE                           VIGOROUS

EXERCISE EQUIPMENT AT HOME:           NO                           YES, WHAT KIND? \_\_\_\_\_

OTHER  
INFO: \_\_\_\_\_

\_\_\_\_\_

STRESS LEVEL:                           LOW/NORMAL                           MODERATE                           HIGH

OTHER  
INFO: \_\_\_\_\_

\_\_\_\_\_

HISTORY OF CIGARETTE USE:                           CURRENT                           FORMER                           NEVER

   CIGAR/PIPE USE:                           CURRENT                           FORMER                           NEVER

IF YES:           YEARS OF SMOKING           YEAR FIRST STARTED                           AMOUNT PACKS/DAY

YEAR PATIENT STOPPED: \_\_\_\_\_ OTHER  
INFO; \_\_\_\_\_

HISTORY OF ALCOHOL USE:                           CURRENT                           FORMER                           NEVER

IF YES:           YEARS OF DRINKING           YEAR FIRST STARTED                           # OF DRINKS/DAY

YEAR PATIENT STOPPED: \_\_\_\_\_ OTHER  
INFO; \_\_\_\_\_

HISTORY OF COLA/TEA/COFFEE USE:                           CURRENT                           FORMER                           NEVER

IF YES:           YEARS OF USE                           YEAR FIRST STARTED                           AMOUNT/DAY

YEAR PATIENT STOPPED: \_\_\_\_\_ OTHER  
INFO; \_\_\_\_\_

IDENTIFY YOUR EATING HABITS, CHECK ANY THAT APPLY TO YOU:

       EATING WHILE PREPARING MEALS                           EATING FOOD HIGH IN FAT OR SUGAR

       EATING WHEN NOT HUNGRY                           EATING TOO MUCH OF CERTAIN FOOD

       EATING WHEN TOO HUNGRY                           EATING LATE AT NIGHT

___ EATING IN RESPONSE TO THE CLOCK EATING	___ FREQUENT SOCIAL/RESTAURANT
___ SKIPPING MEALS	___ EATING IN RESPONSE TO FOOD ADS
___ EATING RAPIDLY TV	___ EATING WHILE READING/WATCHING
___ EATING UNCONSCIOUSLY/MINDLESSLY KITCHEN	___ EATING IN ROOMS BESIDES
___ EATING PAST FULLNESS	___ EATING WHILE DRIVING
___ BINGE EATING	___ EATING ON THE RUN
___ EATING SECRETIVELY	___ EATING MORE ON WEEKENDS